## Political Organization Notice of Section 527 Status

OMB No. 1545-1693

Pai	General Information				
1	Name of organization				Employer identification number
	FRIENDS OF MARK SI	ICKLES_			54 1998277
2	Mailing address (P.O. Box or number, street, and room or suite number)  6506 SUMMERTON WAY				
	City or town, state, and ZIP code	2150			
3	E-mail address of organization				
	mdsdcat Kreativ	e.net			
4a	Name of custodian of records			lian's address	
	Mark D. Sickles		6500	Summerton Way	**************************************
	Name of contact person		Eb Contra	isfield, Va 22-150 t person's address	
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	game			same	······································
6	Business address of organization (if different from mailing address shown above). Number, street, and room or suite number				
	City or town, state, and ZIP code				
Pai	rt II Purpose		,		
7	Describe the purpose of the organizat	ion n			
	political organization for Mark Sickles, potential candidate for				
	public office			*******	
	V				
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Pai	rt III List of All Related Ent	ities (see ins	tructions)	· · · · · · · · · · · · · · · · · · ·	
	Name of related entity	8b Relations		8c Address	
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	Paperwork Reduction Act Notice, see	nage 4		Cat. No. 30405V	Form <b>8871</b> (7-2000)
	reperson neduction Actisolice, Set	Paye T.		Jal. 190. 004007	10111 <b>COTT 1</b> (7-2000)

Under penalties of perjury, I declare that the organization named in Part I is to be treated as an organization described in section 527 of the Internal Revenue Code, and that I have examined this notice, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign Here

Form **8871** (7-2000)